

**Response to the *Productivity Commission, Mental Health, Draft Report (October 2019)*.**

***This response was sent to the commission on the 23<sup>rd</sup> January 2020.***

**The Respondents**

Our expertise relates to social justice in mental health care, health care system and survey design as evidenced by a very substantial collective publication track in the area and multiple advisory roles. Respondent names and affiliations are listed at the end of this document.

**Reform areas 1,2 and 5**

We welcome the Commission's preference for the Rebuild model as a first step in wider reform. It would bring together substantial funding streams and encourage greater local coordination. But subsequent reforms should go further. The proposal leaves the MBS as a major provider of mental health care funding. The MBS is a conspicuous example of market failure and essentially provides psychological services according to an inverse care law (1) - this is at best deeply unfair (2) and quite possibly actually does harm (3). So we suggest that the Rebuild model should be seen as a curtain raiser for the main event, which would shift MBS funding to the proposed Regional Commissioning Authorities. This was proposed as 'cashing out' by the National Mental Health Commission in their 2014 review (see Summary, p.14). The constitutional constraints on the Commonwealth under Section 51:xxiiiA mean there is no real prospect the MBS will ever become an equitable route for delivery of mental health care. Better to take it out of the field completely. This would need to be done in such a way to preserve the positive features of the current system such as reasonably streamlined referral and reporting pathways.

**Reform areas 3 and 4**

Our concern here is equity. The Commission already acknowledges that common mental disorders vary considerably across the nation. We suggest dividing Australia into quintiles by socioeconomic disadvantage of area (IRSD, ABS), and consider those living in the most disadvantaged quintile, - the poorest fifth - a division which includes many regional areas affected by the recent bushfire crisis. Here, even before the fires, approximately one-in six people have high psychological distress - this is only one-in-fifteen in the least disadvantaged quintile – the richest fifth (4). In bushfire affected regions, reforms must focus on effective strategies so that communities and people with already high baselines affected by mental disorders can recover.

We welcome the attention to issues of social determinants but believe the Commission's approach should be broader (3). This could be achieved by acknowledgement that mental illness has broad social determinants that need to be addressed and that the UN Sustainable Development Goals (SDGs) provides a framework for this to occur. This would then encompass addressing Climate Change - and Australia needs no more stark evidence of the importance of that than the mental health issues raised by the recent bushfires and storm events. It would encompass reducing inequalities - more unequal societies are more mentally unhealthy ones and Australia has high and rising inequality. Housing and work, also in the SDGs, are important. But these need to be considered as part of a broader span of actions in relation to social determinants of mental health.

## References

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2. Meadows, G., Cichello, A., Isaacs, A. N. & Shawyer, F., 3 Jul 2019. When it's easier to get meds than therapy: how poverty makes it hard to escape mental illness, 7 p. Australia: The Conversation.  
<https://theconversation.com/when-its-easier-to-get-meds-than-therapy-how-poverty-makes-it-hard-to-escape-mental-illness-114505>
3. Meadows, G., Prodan, A., Patten, S., Shawyer, F., Francis, S. E., Enticott, J., Rosenberg, S., Atkinson, J-A., Fossey, E. & Kakuma, R., (2019) Resolving the paradox of increased mental health expenditure and stable prevalence. Australian & New Zealand Journal of Psychiatry. 53, 844-850 <https://journals.sagepub.com/doi/full/10.1177/0004867419857821>
4. Enticott, Lin, Shawyer, Russell, Inder, Patten and Meadows (2016). Mental disorders and distress: Associations with demographics, remoteness and socioeconomic deprivation of area of residence across Australia. Australian & New Zealand Journal of Psychiatry. <https://www.ncbi.nlm.nih.gov/pubmed/26560843>. (Cited in the Australian Productivity Commission into Mental Health Draft Report 2018.)

## Authors:

Dr Joanne Enticott, PhD, CHIA, Senior Research Fellow, Biostatistician, Monash Centre for Health Research and Implementation at Monash University

Professor Brett Inder, PhD, Health and Development Economist, Monash Business School, Monash University

Dr Anton Isaacs, MBBS,MD, PhD, Senior Lecturer, Monash University School of Rural Health

Dr Sebastian Rosenberg, PhD, Head, Mental Health Policy Unit, Centre for Mental Health Research, Research School of Population Health, Australian National University; Senior Lecturer, Brain and Mind Centre, University of Sydney

Dr Frances Shawyer, BBS(Hons), PhD, MAPS, MCCLP. Deputy Director and Research Fellow, Southern Synergy, Department of Psychiatry, Monash University

Prof Graham Meadows, MD, MPhil, MB,ChB, MRCP(UK), MRCPsych, FRANZCP. Adjunct Professor in Psychiatry, Monash University School of Clinical Sciences at Monash Health and Director, Southern Synergy; Honorary Professor. the University of Melbourne School of Population and Global Health; Consultant Psychiatrist, Monash Health